

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90041 044 \*\*\*150.00

DOCUMENT # P00000018394

1. Entity Name **A & M MARINE, INC** ✓

Principal Place of Business

Mailing Address

**202 Plantation Drive** **202 Plantation Drive**  
**TAVERNIER FLORIDA 33070** **TAVERNIER FL, 33070**

2. Principal Place of Business

3. Mailing Address

**650 TENNIS CLUB DRIVE**

**650 TENNIS CLUB DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 310**

**# 310**

City & State

City & State

**Font Lauderdale FL**

**Font Lauderdale FL**

Zip

Country

Zip

Country

**33311**

**BROWARD**

**33311**

**BROWARD**

4. FEI Number

**65-0985993**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTHEW TEMKIN**  
**202 Plantation Drive**  
**TAVERNIER FL 33070**

Name

**MATTHEW TEMKIN**

Street Address (P.O. Box Number is Not Acceptable)

**650 TENNIS CLUB DRIVE # 310**

City

**Font Lauderdale**

FL

Zip Code

**33311**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**Matt Temkin**

**2/2/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	<b>D MATTHEW TEMKIN</b>
STREET ADDRESS	<b>202 PLANTATION DRIVE</b>
CITY-ST-ZIP	<b>TAVERNIER FL 33070</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MATTHEW TEMKIN</b>
STREET ADDRESS	<b>650 TENNIS CLUB #310</b>
CITY-ST-ZIP	<b>Font Lauderdale FL 33311</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S AMBIE MIRE</b>
STREET ADDRESS	<b>650 TENNIS CLUB #310</b>
CITY-ST-ZIP	<b>Font Lauderdale FL 33311</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Matt Temkin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/01**

Date

**954-764-0404**

Daytime Phone #

CR2E034 (10/00)